



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
GENERAL INFORMATION: (916) 574-7570/FAX: (916) 575-7281
www.barbercosmo.ca.gov



REQUEST FOR CHANGE OF ADDRESS

Instructions to Licensee/Applicant:

- Complete this form if you have moved and want to update your address in the Board's records.
- This form CANNOT be used to change an establishment license. Changes in establishment ownership or location requires a new license application and fee.

(Please type or print legibly in ink)

Name (First, Middle, Last)		License/Application Number	
Birthdate (mm/dd/yy)	Last 4-Digits of Social Security Number*	Phone Number ()	
Previous Address	Number and Street	City	State Zip Code
Current Address	Number and Street	City	State Zip Code
<p align="center"><i>I have changed my address without the intent to defraud. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>			
X _____ Signature of Licensee / Applicant		_____ Date	
<p>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS</p> <p>Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>			